

**Massachusetts Office for Victim Assistance  
One Ashburton Place, Room 1101  
Boston, MA 02108  
(617) 727-5200  
Fax: (617) 727-6552**

**Federal Victims of Crime Act (VOCA) Grant Program**

**FISCAL YEAR 2003  
STATISTICAL PERFORMANCE REPORT**

***Report Period:***

\_\_\_\_ July – September (1<sup>st</sup> Qrt.)  
\_\_\_\_ January – March (3<sup>rd</sup> Qrt.)

\_\_\_\_ October – December (2<sup>nd</sup> Qrt.)  
\_\_\_\_ April – June (4<sup>th</sup> Qrt.)

***Report Due Date:***

1<sup>st</sup> Quarter due October 31<sup>st</sup>  
3<sup>rd</sup> Quarter due April 30<sup>th</sup>

2<sup>nd</sup> Quarter due January 31<sup>st</sup>  
4<sup>th</sup> Quarter due July 31<sup>st</sup>

**Instructions:** Please complete the following report related to services provided under the VOCA project. It is important that you carefully read the detailed directions and reporting guidelines which appear on the opposite page before completing each respective section.

**Date:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Program Title:** \_\_\_\_\_

**Contact person for this report:** \_\_\_\_\_

**Telephone :** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

***Direct all statistical documents and/or inquiries to Allison Tassie, Senior Program Associate at 617-727-0192, or [Allison.Tassie@state.ma.us](mailto:Allison.Tassie@state.ma.us) . Please use the above address for mailings.***

## SECTION 1: TOTAL PRIMARY VICTIMS AND SIGNIFICANT OTHERS SERVED

### A. NEW CLIENTS SERVED THIS QUARTER

Type of Client	Number of Primary Victims	Number of Significant Others
1. New FACE-TO-FACE Clients		
2. New TELEPHONE Clients (Not hotline)		
3. New HOTLINE		
SUB-TOTAL A		

### B. ON-GOING CLIENTS SERVED THIS QUARTER

Type of Client	Number of Primary Victims	Number of Significant Others
4. On-going FACE-TO-FACE Clients		
5. On-Going TELEPHONE Clients (Not Hotline)		
6. On-going HOTLINE		
SUB-TOTAL B		

TOTAL CLIENTS SERVED (A+B)		
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## SECTION 2: VICTIMS SERVED (all new and on-going clients)

Type of Service Provided	Primary Victims		Significant Others	
	New	On-going	New	On-going
1. Counseling				
2. Follow-up (in-person, phone, written)				
3. Hotline				
4. Therapy				
5. Group Treatment/Support				
6. Shelter/Safe Home (provided by your agency)				
7. Assistance with Victim Compensation				
8. Criminal Justice Support/Advocacy				
9. Emergency Legal Advocacy (including 24 hr. 209A assistance)				
10. Medical Advocacy				
11. Personal Advocacy (housing, public assistance, worker's comp., etc.)				
12. Emergency Financial Assistance (cash outlays to the victim by your agency only)				
13. Information and Referral (in-person)				
14. Information and Referral (telephone)				
15. Other (specify) _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>TOTAL</b>				

### SECTION 3: REFERRALS MADE AND RECEIVED (New and On-Going Clients)

Source/Agency	Referrals Made To	Referrals Received From
1. Self/Family		
2. Non-VOCA Staff Within Agency		
3. Police		
4. D.A. Victim Witness Assistance		
5. Court Personnel		
6. Legal Services		
7. Victim Compensation		
8. VWAB/MOVA		
9. Shelter/Safe Home		
10. Social Services		
11. Mental Health Agency/Facility		
12. Other Victim Service Agencies		
13. Medical Services		
14. Substance Abuse Programs		
15. Schools		
16. Religious Organizations		
17. Program Outreach/Media		
18. Brochure		
19. Other (specify) _____ _____ _____	_____ _____ _____	_____ _____ _____
20. Not Known		
TOTAL		

## SECTION 4: TYPE OF CRIME (new clients or newly disclosed crimes only)

CRIME	Primary Victims		Significant Others	
	Female	Male	Female	Male
1. Homicide				
2. Motor Vehicle				
3. Assault				
4. Robbery				
5. Domestic Violence				
6. Adult Sexual Assault				
7. Adult Survivor of Incest or Child Sexual Assault				
8. Adult Survivor of Child Physical Abuse				
9. Child Sexual Assault/Abuse				
10. Child Physical Abuse				
11. Abuse of Disabled Persons				
12. Elder Abuse (60 +)				
13. Violation of a Protective Order				
14. Driving Under the Influence (not vehicular homicide/DWI)				
15. Hate Motivated Crime				
16. Political Trauma				
17. Other (specify)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL</b>				

## SECTION 5: CIVIL RIGHTS COMPLIANCE (new clients only)\*

### A. DISABILITY

Physical or Mental Disability	Primary Victims		Significant Others	
	Female	Male	Female	Male
YES				
NO				
Not Known (due to phone contact only)				
<b>TOTAL</b>				

### B. RACE/NATIONAL ORIGIN

Race/National Origin	Primary Victims		Significant Others	
	Female	Male	Female	Male
Black				
Caucasian				
Hispanic/Latino				
Bi-Racial				
Cape Verdean				
Haitian				
Portuguese/Azores				
Asian/Pacific Islander				
Native American/Alaska Native				
Other (specifiy)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Not Known (due to phone contact)				
<b>TOTAL</b>				

## SECTION 5: CIVIL RIGHTS COMPLIANCE (new clients only)\*

### C: AGE and GENDER

Age (in years)	Primary Victims		Significant Others	
	Female	Male	Female	Male
0 – 5				
6 – 12				
13 – 18				
19 – 35				
36 – 59				
60 – 74				
75 – +				
Age Not Known (due to telephone contact only)				
<b>TOTAL</b>				

\* Civil Rights information is used for statistical purposes only, as required by the Federal Government.

## SECTION 6: TRAINING/OUTREACH/IN-SERVICE

### A. TRAINING RECEIVED

Received by:	Content	Hours
Paid Victim Services Staff		
Unpaid/Volunteer Victim Services Staff		

### B. OUTREACH/IN-SERVICE PRESENTED

Presented to:	Content	Hours
1. District Attorney Victim Witness		
2. Criminal Justice		
3. Police/Law Enforcement		
4. Social Service		
5. Mental Health		
6. Medical		
7. Inter-disciplinary		
8. Citizen Group		
9. Schools		
10. Other (specify)		

## **SECTION 7: PROGRAM UPDATE**

### **Directions:**

In this section please explain any program updates or changes regarding your VOCA funded staff, VOCA Program, and fiscal management of the VOCA Program during the past quarter.

**STAFFING:** This includes resignations, hires or internal changes in responsibilities of VOCA funded direct service staff, Executive Director, Chief Financial Officer/Business Manager, and/or administrative support staff. **Please send in resumes for all newly hired staff paid with VOCA funds.**

**PROGRAM:** Please explain if direct services were not provided or were provided at a reduced level due to changes in staff or for other reasons. Change in facility/location of the agency and explain when direct services had begun when they had not been previously provided. **Also, please include a complete list of board members, if there have been any changes.**

**FISCAL:** Please submit all requests for budget changes in writing for approval. This needs to be done **prior** to any budget change.

**Thank you for completing this report in a timely and accurate manner.**

**Please return completed report to:  
Allison Tassie  
Massachusetts Office for Victim Assistance  
One Ashburton Place, Room 1101  
Boston, MA 02108  
Allison.Tassie@state.ma.us**